

Hazard Assessment

1. General Information

Project: LE Carpenter Free product Investigation
Site Address: 170 North Main Street., Wharton, NJ
Prepared By: Holly Herner
Approved By: Nick Clevett
Date: _____

Project Number: 3868.27
Project Manager: Nick Clevett
Date: November 28, 2001
(PM) _____ (HSC)
Garret Miller

Proposed Scope of Work and Specific Tasks: Test Pit Installation - Three test pits will be installed in areas believed to have the greatest thickness of free product, Bis-(2-ethylhexyl) Phthalate (DEHP). An area lined with plastic at each pit will be used for storage of the first four feet of materials removed from each pit. A benched area within the trench will be lined with plastic and used to store the deeper soils excavated final depth of eight to ten feet. Three samples will be collected from each pit. Visual observations and physical measurements will be made of the soils and liquids in the test pits. Product Recovery Well Installation - Following excavation, one product recovery well will be installed in each test pit. The wells will be packed with wash stone. The excavations will be backfilled with the excavated soils.

RMT Role On-site:

- ☐ Resident Project Representative (*e.g.*, "Observe and Document")
- ☐ Construction Manager (*e.g.*, Managing Contractor/General Contractor)
- ☐ Representative for Client (*e.g.*, "Agent for Owner")
- ☐ Other (describe)

Proposed Dates of On-site Work: December 10 - 14, 2001

Background Information Review: ☐ Preliminary ☐ Moderate ☐ Substantial

Documentation/Summary Overall Hazard: ☐ Serious ☐ Moderate
☐ Low ☐ Unknown

2. Site Characterization

Facility Description: Site is currently regulated under CERCLA as a Superfund Clean-up. Most buildings, to date, have been demolished. The site undergoes monthly enhanced fluid recovery to extract free-phase product from the surface of the water table, in addition to quarterly groundwater monitoring. Certain areas have received closure from the NJDEP as areas of concern. A lead investigation consisting of multiple test pits was completed in November 2001.

Status: ☐ Active ☐ Inactive ☐ Unknown

Operations (current and past): When active (1943-1987), the site operated as a manufacturing facility for vinyl wall coverings. Portions of the site are currently subleased as warehouse space. The site was operated as an iron mine from the mid-1700s through the late 1800s.

Unusual Features (utilities, terrain, etc.): None.

History (worker or nonworker injury, complaints from public, previous agency action): The site has undergone extensive demolition east of the rail spur. As a result, the site topography has been altered. The site is bounded by the Rockaway River (south), Washington Forge Pond (west), a drainage ditch (east), and Ross Street (north).

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Hazard Assessment

3. Site Classification:

Site Type Allocated: ☐ 1 Known or controlled hazards ☐ 2 Known and/or controlled hazards, but with invasive or hazardous activities ☐ 3 Regulated by 29 CFR 1910.120

Comments: Extensive site investigation has identified all contaminants of concern in both the solid and liquid matrix.

4. Hazard Evaluation

Potential Chemical Hazards:

SUBSTANCE NAME ⁽¹⁾	PHYSICAL STATE	KNOWN CONCENTRATION LEVELS PRESENT ⁽²⁾	POTENTIAL ROUTES OF EXPOSURE	ACGIH TLV	OSHA PEL
Toluene	Liquid	123 ppm	Inh, Abs, Ing, Con	50 ppm	100 ppm
Total Xylenes	Liquid	11 ppm	Inh, Abs, Ing, Con	100 ppm	100 ppm
Ethylbenzene	Liquid	1.88 ppm	Inh, Ing, Con	100 ppm	100 ppm
Lead	Solid	5,404 ppm	Inh, Ing, Con	.05 mg/m ³	0.1 mg/m ³
Bis-(2-ethylhexyl) Phthalate (DEHP)	Liquid	14 ppm	Inh, Ing, Con	unknown	Unknown
	Solid	14,000 ppm			

⁽¹⁾ Attach MSDS if available.

⁽²⁾ Attach laboratory results or tables if available.

Ionizing Radiation:

Did the "client" use radioactive materials on site, past or present: ☐ Yes (complete table below) ☐ No

Possibility of contamination or exposure due to past or present use of radioactive materials:

☐ Yes (complete table below) ☐ No

SOURCE	QUANTITY	PHYSICAL STATE	POTENTIAL OF EXPOSURE	CONTROL MEASURE

If the answers to the above questions are both No, this table will remain blank.

Will a nuclear moisture/density or XRF gauge be used on site?

☐ Yes (see below) ☐ No

If yes, will it be a RMT gauge?

☐ Yes (see below) ☐ No (see Subcontractor H&S Qualifications/ Performance Form)

Hazard Assessment

If the answer to any questions in this section is "Yes," send a copy of the Hazard Assessment and Health & Safety Plan to the RMT Radiation Safety Officer (RSO).

Physical Safety Hazards On-site and Control Measures

HAZARD	CONTROL MEASURE
Cold stress	Take breaks in a warm area frequently. Provide warm drinks. Dress for the weather (wear layers).
Excavations	Stay away from excavated areas. Maintain eye contact with the operator to ensure safety. Wait for bucket to stop swinging before moving towards it to collect sample.
Hand tools	Take breaks to avoid repetitive motion injuries.
Housekeeping	Dispose of Investigation Derived Waste nightly. Do not leave used gloves or PPE in vehicle.
Lighting	Work during daylight hours only.
Noise	Wear hearing protection as necessary.
Severe weather	Cease work during lightning storms. Seek shelter in vehicle or inside facility building.
Slips/trips/falls	Be aware of surroundings. No running. Watch footing for stumps, sticks etc., that could trip.

Site Health & Safety Plan

1. General Information

Project:	LE Carpenter Free product Investigation	Project Number:	3868.27
Site Address:	170 North Main Street., Wharton, NJ	Project Manager:	Nick Clevett
Prepared By:	Holly Herner	Date:	November 28, 2001
Approved By:	<hr/> Nick Clevett	(PM)	<hr/> Garret Miller (HSC)
Date:	<hr/>		<hr/>

Site Health & Safety Plan

TEAM MEMBER	RESPONSIBILITIES
John Mihalich	RMT Site Health and Safety Representative/ Geologist
Drew Diefendorf	Hydrgeologist

2. Training and Medical Surveillance

Training Level Required:	
<input type="checkbox"/>	HAZWOPER 40/8 hour, First Aid, CPR (for all Type B sites)
<input type="checkbox"/>	Specialty (e.g., confined space, lockout/ tagout, Troxler radiation safety)
List:	
Medical Surveillance Level Required:	
<input type="checkbox"/>	HAZWOPER physical
<input type="checkbox"/>	Special medical tests
List:	None
Exceptions/Modifications to training or medical surveillance required:	

3. Personal Protection

Based on evaluation of potential hazards, the following levels of personal protection have been designated for the applicable work areas or tasks:

LOCATION	JOB FUNCTION	LEVEL OF PROTECTION
Test Pit Excavations	Collect samples from backhoe bucket. Measure groundwater levels. Composite samples. Run PID continuously in the breathing zone.	<input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> A
Groundwater sampling from Test Pit Wells	Measure groundwater levels, collect groundwater samples.	<input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> A
		<input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> A
		<input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> A

Specific protective equipment for each level is as follows: ⁽¹⁾

Level A

Respiratory:

- ☐ SCBA
- ☐ Air-Line Supplied Air Respirator
- ☐ Other (describe)

Level B

Respiratory:

- ☐ SCBA
- ☐ Air-Line Supplied Air Respirator
- ☐ Other - Level C-D plus the following exceptions/modifications -

Level C

Respiratory - Air-purifying respirator with cartridge/canister type:

- ☐ HEPA, acid gas, organic vapors (e.g., MSA GMC-H)
- ☐ HEPA only
- ☐ Other - Level D plus the following

Level D

Respiratory - None

Other:

- ☐ Safety glasses
- ☐ Safety shoes
- ☐ Snake chaps/Gaiters
- ☐ Protective clothing and/or gloves
- ☐ Hard hat
- ☐ Ear plugs/muffs
- ☐ required

Site Health & Safety Plan

Other skin, eyes, and fall protection required: Gloves: <input type="checkbox"/> Butyl rubber <input type="checkbox"/> PVC-coated <input type="checkbox"/> Neoprene <input type="checkbox"/> Nitrile <input type="checkbox"/> Other (describe)	Protective clothing: <input type="checkbox"/> Tyvek® or equivalent <input type="checkbox"/> Tyvek® polyethylene-coated or equivalent <input type="checkbox"/> Tyvek® Saranex® or equivalent <input type="checkbox"/> Other (describe)
Radiation Safety: <input type="checkbox"/> Dosimeter Badge <input type="checkbox"/> Other (describe) Ring Badges	
(1) See RMT Health and Safety Manual for minimum criteria.	

Criteria for changing protection levels are as follows:

CHANGE:	APPROVALS REQUIRED ⁽¹⁾		
	HSR	HSC	CHSM
To Level when ambient PID monitoring during test pit excavation warrants (using safety factor of 0.5 of TLV for Toluene).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To Level when	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To Level when	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To Level when	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuate the area when:			

(1) HSR: On-site Health & Safety Representative
 HSC: Regional Health & Safety Coordinator
 CHSM: Corporate Health & Safety Manager

Changes to the level of protection shall be made after the required approvals are obtained. All changes shall be recorded in the field log and reported to the HSC as soon as possible.

4. Air Monitoring

The following monitoring instruments shall be used on-site to measure airborne contaminant concentrations in the breathing zone:

	FREQUENCY OF MONITORING
<input type="checkbox"/> Combustible Gas Indicator	
<input type="checkbox"/> O ₂ Monitor	
<input type="checkbox"/> Colorimetric Tubes (type)	
<input type="checkbox"/> PID	PID will be used during excavation of the test pits as a precaution. Measurements will be taken continuously in the breathing zone.
<input type="checkbox"/> FID	
<input type="checkbox"/> Other (specify)	

5. Site Control (Describe or attach sketch)

Work Zones:

Site Health & Safety Plan

Support Zone: Off Site

Contamination Reduction Zone (area used for decontamination): Test Pit Excavations

Exclusion Zone (area considered contaminated): NA

Site Entry Procedures:

- ☐ Notify Site Health and Safety Representative.
- ☒ Read Health & Safety Plan and sign Acknowledgment Statement
- ☐ Check in with facility security guard.
- ☒ Wear proper personal protective equipment.
- ☐ Attend facility orientation.
- ☒ Conduct "Toolbox" safety meeting.
- ☐ Other (specify):

Decontamination Procedures:

Personnel: Remove tyvek, booties and then gloves in that order. Change gloves between each sampling location.

Equipment: Wash in analconox solution and then rinse with de-ionized water.

Investigation-derived Material Disposal:

- ☐ *Leave on site for disposal.*
- ☐ *Other (describe)*

Work Limitations (time of day, buddy system, etc.): Work during daylight hours only.

Troxler Radiation Safety:

- ☐ Radiation information is not applicable to this project.
- ☐ Notify RSO.
- ☐ Wear dosimeter badge when handling gauge.
- ☐ Post applicable radiation signs.
- ☐ Post emergency numbers.
- ☐ Provide at least two lock systems for overnight storage.
- ☐ Maintain storage at least 15 feet from full-time workstations.
- ☐ Block and brace gauge during "all" transportation.
- ☐ Limit "public" exposure to gauge while in use.
- ☐ Provide sketch of gauge storage to RSO.

Contingency Planning

LOCAL EMERGENCY RESOURCES:	
Ambulance 911	Hospital Emergency Room 911
Police 911	Fire Department 911
USEPA Contact Steven Cipot (Case Manager Region II) (212) 637-4411	Poison Control Center
Other Gwen Zervas - NJ Department of Environment (609) 633-7261	

SITE RESOURCES:	
Water Supply Purchase DI water offsite	Radio None
Telephone John Mihalich (215) 275 - 5945 cell	Other

EMERGENCY CONTACTS:	
RMT Technical Contact:	Drew Diefendorf (888) 971-7179
RMT Project Manager (PM):	Nick Clevett (312) 575-0200, Cell (312) 286-4490
RMT Corporate Health & Safety Manager (CHSM):	Shannon Posey 864/234-9431 (work) 864/787-7918 (cell) 864/898-3003 (home)
Radiation Safety Officer (RSO):	John Hanson 608/662-5238 (work) 608/220-2502 (radiation program emergency only) 608/222-4588 (home)
RMT Health & Safety Coordinator (HSC):	RMT Ann Arbor - Garret Miller (734) 971 - 7080; cell 734-355-7161
RMT Field Contact	John Mihalich - (610) 834-0490; (215) 275 - 5945 cell
Site Contact:	Ken Redcliffe (973) 366-9577
Client Contact:	Cris Anderson (440) 930-1334

Emergency Routes (give directions AND attach map):

Hospital: St. Clare's Hospital, 25 Pocono Road, Denville, NJ (973) 625-60001. Start out going North on N MAIN ST towards ROSS ST by turning left (0.1 miles). 2. Turn RIGHT onto E DEWEY AVE (0.5 miles) 3. Turn LEFT onto NJ-15 (0.0 miles). 4. Take the I-80 EAST ramp (0.7 miles) 5. Merge onto I-80 E (4.2 miles) 6. Take the US-46 EAST exit, exit number 38, towards DENVILLE(RT-53) (0.2 miles) 7. Merge onto US-46 (0.4 miles) 8. Turn RIGHT onto W MAIN ST (0.1 miles) 9. Turn LEFT onto DIAMOND SPRING RD (0.3 miles) 10. Turn SLIGHT RIGHT onto POCONO RD (0.6 miles). Emergency Room is on the _____ of the street.

Other:

Site Health & Safety Plan

Emergency Procedures:

If an emergency develops at the site, the discoverer will take the following course of action:

- n Notify the proper emergency services (fire, police, ambulance, etc.) for assistance.
- n Notify other affected personnel at the site.
- n Contact RMT and the client representative to inform them of the incident as soon as possible.
- n Prepare a summary report of the incident for RMT and the client representative.

Emergency Equipment Required On-site:

- | | |
|---|--|
| <input type="checkbox"/> First Aid/Bloodborne Pathogens Kit | <input type="checkbox"/> Fire Extinguisher |
| <input type="checkbox"/> Eye Wash | <input type="checkbox"/> Spill Control Media |
| <input type="checkbox"/> Shower | <input type="checkbox"/> Other: (describe) |
| <input type="checkbox"/> Other: (describe) | <input type="checkbox"/> Other: (describe) |

Acknowledgment Statement:

As an employee of RMT, Inc., I have reviewed the Hazard Assessment and Site Health & Safety Plan. I hereby acknowledge that I have received the required level of training and medical surveillance, that I am knowledgeable about the contents of this site-specific Health & Safety Plan, and that I will use personal protective equipment and follow procedures specified in the Health & Safety Plan.

Signatures of RMT Site Personnel (Required):

	Date:	
	Date:	
	Date:	
	Date:	

*Health & Safety
Initial Report of Incident*

1.Type of Incident				
<input type="checkbox"/> Injury/exposure only		<input type="checkbox"/> Property loss only		<input type="checkbox"/> Injury and property loss
<input type="checkbox"/> Ergonomic symptoms		<input type="checkbox"/> Reportable incident without injury or property loss		
Project Number:		Project Name:	Date of Incident/Exposure:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Incident/exposure or office location:				
Name of RMT employee involved:				
Name(s) of witnesses to incident, if any:				
If incident caused death or serious injury, this report must be called in to the Health & Safety Director and Human Resources Manager <i>immediately!!!</i>				
2.Injury/Exposure				
Injured employee's full name:			Did injured see a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and address of treating doctor (and hospital, if one was used):			Was employee treated in an emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe affected body part and the type/degree of damage or exposure:			Was employee hospitalized overnight? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the incident resulted in a fatality, enter date of death _____				
3.Incident Description and Analysis				
Give detailed description of incident (attach additional pages if necessary):				
Provide an explanation if the incident was associated with the following:				
Job factors:				
Personal factors:				
Unsafe conditions:				
Unsafe practices:				
Other:				
4.Ergonomic Symptom Survey				
Check Area:	<input type="checkbox"/> Neck	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Elbow/forearm	<input type="checkbox"/> Hand/wrist
	<input type="checkbox"/> Upper back	<input type="checkbox"/> Low back	<input type="checkbox"/> Thigh/knee	<input type="checkbox"/> Lower leg
				<input type="checkbox"/> Fingers
				<input type="checkbox"/> Ankle/foot
Height:	Weight:	Age:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Glasses: <input type="checkbox"/> Yes <input type="checkbox"/> No	Contacts: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Air: <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical disability <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check all boxes that describe the duties you perform on a regular basis or reflect common conditions at work.				
<input type="checkbox"/> Low light conditions	<input type="checkbox"/> Awkward reach conditions	<input type="checkbox"/> Handling heavy objects		
<input type="checkbox"/> High reach distances	<input type="checkbox"/> Insufficient rest of muscles	<input type="checkbox"/> Prolonged typing		
<input type="checkbox"/> High or fast pace work	<input type="checkbox"/> Prolonged bending	<input type="checkbox"/> Twisting more than 45 degrees		
<input type="checkbox"/> Prolonged stooping	<input type="checkbox"/> Reaching below knees	<input type="checkbox"/> Heavy stair usage		
<input type="checkbox"/> Lifting above shoulders	<input type="checkbox"/> Heavy repetitive lifting	<input type="checkbox"/> Awkward work height		
<input type="checkbox"/> Prolonged standing	<input type="checkbox"/> Prolonged sitting	<input type="checkbox"/> Prolonged computer usage		
Check all boxes that best describe your problem:				
<input type="checkbox"/> Aching	<input type="checkbox"/> Numbness (asleep)	<input type="checkbox"/> Tingling	<input type="checkbox"/> Other	
<input type="checkbox"/> Burning	<input type="checkbox"/> Pain	<input type="checkbox"/> Weakness	<input type="checkbox"/> Other	
<input type="checkbox"/> Cramping	<input type="checkbox"/> Swelling	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
<input type="checkbox"/> Loss of color	<input type="checkbox"/> Stiffness	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
4.Ergonomic Symptom Survey (continued)				
When did you first notice the problem?		Month:	Year:	
How long does each episode last?				
How many separate episodes have you had in the last year?				
What do you think caused the problem?				

Have you had this problem in the last 7 days?						<input type="checkbox"/> Yes	<input type="checkbox"/> No								
How would you rate this problem:		Now	- None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unbearable
		When it was the Worst	- None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unbearable
Please comment on what you think would improve your symptoms:															
5.Property Damage/Loss/Theft															
Exactly what was damaged, lost, or stolen?															
Was this reported to police? <input type="checkbox"/> Yes <input type="checkbox"/> NoIf yes, list departments involved:															
Describe amount of damage/lost/theft:															
6.Action Items															
List actions which could be taken to prevent the occurrence of this incident in the future, or to minimize the effects of future incidents.															
7.Signature															
Name of person completing this form:								Office Location:				Date:			
Signature of person completing this form:															
<i>Send this report to the Health & Safety Coordinator who will provide copies to the Corporate Health & Safety Manager, and Human Resources Manager, as required.</i>															
This report does not replace a Worker's Compensation (First Report of Injury) or Insurance Claim form which may need to be completed for Human Resources or Loss Prevention.										Office Use Only Reportable: <input type="checkbox"/> Yes <input type="checkbox"/> No					

*Health & Safety
Initial Report of Incident*

Health & Safety
Initial Report of Incident

- Section 1** This report is required to be completed if an incident involves the following:
- A work-related injury, illness, or exposure affecting an RMT employee or other personnel working or visiting the location (Sections 1, 2, 3, and 6).
 - The development of signs/symptoms related to musculoskeletal disorders (MSDs) or other possible ergonomic issues (Sections 1, 2, 4, and 7).
 - Property theft, loss, or damage through an accident, mechanical failure, weather conditions, etc. (Sections 1, 3, 5, and 6).
 - A combination of the above (Sections 1, 2, 3, 5, and 6).
 - Be sure to list any witnesses and their company affiliation, if known. If there is a death or serious injury, the Health and Safety Director and Human Resources Manager must be notified *immediately*.
- Section 3** Examples: Job factors may include long work hours, improper equipment, failure of safety devices, etc.
- Unsafe conditions may include weather, poor ventilation or lighting, traffic, slippery ground, etc.
 - Unsafe practices may include failure to use safety devices, failure to follow company policies or procedures, etc.
 - Personal factors may include lack of sleep, prior illness, improper training, etc.
- Section 5** Describe the property which was damaged/lost/stolen. Include police report number, if applicable. An insurance claim form is probably required. The office Administrative Supervisor can supply a form and answer questions.
- Section 6** Describe any actions you feel may be effective to prevent the recurrence.
- Section 7** Print your name followed by your signature, office location, and the date that you completed the form. The completed form goes to your office's Health and Safety Coordinator who will provide copies to appropriate managers as required.

*Health & Safety
Initial Report of Incident*

Each incident should be investigated. The object is to prevent recurrence and it is only by thorough investigation (visit scene of incident and talk to witness) that real causes can be determined and corrected.

Name of Person Involved in Near Miss:		Job Title:		Office Location:																	
Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Length of time with RMT:	Date of Near Miss:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM																
Project Number:		Project Name:		Near Miss Location:																	
Was employee temporarily working in another department or job at time of Near Miss?			<input type="checkbox"/> Yes <input type="checkbox"/> No	How long has employee worked at job where Near Miss occurred?																	
How did Near Miss occur? Tell all objects and substances involved in Near Miss. What machine or tool? What operations?																					
<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">Please indicate which of the following contributed to the Near Miss:</div> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/>Failure to secure</td> <td><input type="checkbox"/>Improper instructions</td> <td><input type="checkbox"/>Lack of training or skill</td> <td><input type="checkbox"/>Poor housekeeping</td> </tr> <tr> <td><input type="checkbox"/>Horseplay</td> <td><input type="checkbox"/>Improper maintenance</td> <td><input type="checkbox"/>Operating without authority</td> <td><input type="checkbox"/>Poor ventilation</td> </tr> <tr> <td><input type="checkbox"/>Improper dress</td> <td><input type="checkbox"/>Improper protective equipment</td> <td><input type="checkbox"/>Physical or mental defect</td> <td><input type="checkbox"/>Unsafe equipment</td> </tr> <tr> <td><input type="checkbox"/>Improper guarding</td> <td><input type="checkbox"/>Inoperative safety device</td> <td><input type="checkbox"/>Unsafe arrangement or process</td> <td><input type="checkbox"/>Unsafe position</td> </tr> </table>						<input type="checkbox"/> Failure to secure	<input type="checkbox"/> Improper instructions	<input type="checkbox"/> Lack of training or skill	<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> Horseplay	<input type="checkbox"/> Improper maintenance	<input type="checkbox"/> Operating without authority	<input type="checkbox"/> Poor ventilation	<input type="checkbox"/> Improper dress	<input type="checkbox"/> Improper protective equipment	<input type="checkbox"/> Physical or mental defect	<input type="checkbox"/> Unsafe equipment	<input type="checkbox"/> Improper guarding	<input type="checkbox"/> Inoperative safety device	<input type="checkbox"/> Unsafe arrangement or process	<input type="checkbox"/> Unsafe position
<input type="checkbox"/> Failure to secure	<input type="checkbox"/> Improper instructions	<input type="checkbox"/> Lack of training or skill	<input type="checkbox"/> Poor housekeeping																		
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Improper maintenance	<input type="checkbox"/> Operating without authority	<input type="checkbox"/> Poor ventilation																		
<input type="checkbox"/> Improper dress	<input type="checkbox"/> Improper protective equipment	<input type="checkbox"/> Physical or mental defect	<input type="checkbox"/> Unsafe equipment																		
<input type="checkbox"/> Improper guarding	<input type="checkbox"/> Inoperative safety device	<input type="checkbox"/> Unsafe arrangement or process	<input type="checkbox"/> Unsafe position																		
<div style="text-align: center; font-weight: bold;">Analysis and Review</div> <p style="text-align: center;">Give us your honest comments on the following questions. We are not trying to blame anyone. Your opinion may help us to prevent repetition.</p>																					
What do you consider the real cause of this Near Miss? (Please do not use the word "careless.")																					
What steps are being taken to prevent similar incidents or recurrences? (Example: Employees are being instructed in correct lifting and to get assistance with heavy loads.)																					
Name of person completing this form:			Office Location:		Date:																
Signature of person completing this form:																					
<i>Send this report to the Health & Safety Coordinator who will provide copies to the Corporate Health & Safety Manager, Project Manager, Department Manager, and/or Human Resources Manager, as required.</i>																					

Health & Safety
Initial Report of Incident

This report is required to be completed if the potential for an incident occurs. This involves an incident that could have resulted in an accident, but fortunately/luckily was avoided. The following example will be used throughout this form: A ladder, its base resting on a slick surface, is leaning up against the side of building. A worker climbs the ladder to get onto the roof. As the worker is climbing onto the roof from the ladder, the ladder slips out from under the worker. The worker makes it onto the roof as the ladder falls to the ground. The potential for a damaging accident occurred, but fortunately was avoided. This is a near miss.

The following questions should be answered when completing this form:

- *How did the Near Miss occur?*
- *What do you consider the real cause of this Near Miss?*
- *What steps are being taken to prevent similar incidents or recurrences?*

Analysis and Review

- *What do you consider the real cause of the Near Miss?*

Using the near miss example described above, the real cause of the near miss is simply that the base of the ladder was placed on a slick surface that allowed it to slide out as the worker made his/her transition from the top of the ladder onto the roof.

- *What steps are being taken to prevent similar incidents or recurrences?*

Continuing with the example given above, the worker should have had an assistant holding the ladder as he/she was climbing to the roof. Also, to keep the base of the ladder from slipping, a rubber mat should have been placed under the ladder.

RMT Project/Field Safety Audit Form

<i>Project Name:</i>				<i>Project No.</i>	
<i>HSC Name</i>		<i>Office Location</i>		<i>Date of Audit</i>	
<i>QUESTION/ ELEMENT</i>	<i>YES NO NA ⁽¹⁾</i>	<i>COMMENTS</i>	<i>CORRECTIVE ACTION NEEDED</i>	<i>DEADLINE FOR CORRECTION</i>	<i>√⁽²⁾</i>
<i>General</i>					
<i>Were subcontractors qualified for the project by using RMT's subcontractor H&S Qualification form?</i>					
<i>For RMT projects with temporary offices, are OSHA and job-site warning posters posted?</i>					
<i>For RMT projects with temporary offices, are job-site injury records kept?</i>					
<i>Is there an RMT site-specific health and safety plan available on site?</i>					
<i>Are all RMT personnel current on training requirements (i.e., 40-Hour HAZWOPER, 8-Hour Refresher)?</i>					
<i>Is the H&S plan signed by all on-site RMT personnel?</i>					
<i>Are H&S procedures listed in the RMT H&S plan being followed by RMT personnel?</i>					
<i>Does the RMT H&S plan address all obvious hazards at this site?</i>					
<i>Is the RMT H&S plan specific to the Project operations/RMT project responsibilities?</i>					
<i>Is training documentation for RMT employees available on site?</i>					
<i>Are all containers labeled to clearly identify there contents?</i>					
<i>Are all RMT personnel current with medical</i>					

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RMT Project/Field Safety Audit Form

<i>Project Name:</i>					<i>Project No.</i>	
<i>HSC Name</i>		<i>Office Location</i>		<i>Date of Audit</i>		
<i>QUESTION/ ELEMENT</i>	<i>YES NO NA ⁽¹⁾</i>	<i>COMMENTS</i>	<i>CORRECTIVE ACTION NEEDED</i>	<i>DEADLINE FOR CORRECTION</i>	<i>√⁽²⁾</i>	
Is at least one RMT employee on site currently trained in CPR and First Aid?						
Is appropriate PPE identified on the RMT H&S plan?						
Is the PPE being utilized by RMT personnel as directed in the H&S plan?						
Are subcontractors using appropriate personal protective equipment to protect their employees?						
Are hot work zones established for hazardous waste operation and enforced?						
Are medical facilities identified on the RMT H&S plan?						
Are compressed gas cylinders being used on site? If so, are these cylinders properly secured?						
Are written directions to this medical facility clear?						
Are work areas neat and free of trip/fall hazards?						
Is waste being disposed of properly?						
Are passageways and walkways unobstructed?						
Is there adequate lighting in passageways and work areas?						

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For projects with potential hazardous releases or fire hazards, has an evacuation plan been developed?							
Hazard Communication							
Are MSDSs for RMT-supplied materials available?							
Are MSDS for subcontractors - supplied materials available?							
Have employees received hazard communication training?							
Hazardous substances clearly marked?							
Is there an Emergency Response Plan or plan in place in case of a release (<i>i.e.</i> , spill kit)?							
Fire Protection/Prevention							
Is fire-fighting equipment available?							
Have RMT personnel been trained in use of fire-fighting equipment?							
Is equipment in proper working condition?							
Are "no smoking" signs posted in appropriate locations?							
Electrical							
Are ground fault circuit interrupters needed and in use?							
Are electrical dangers posted?							

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Are terminal/discount/breaker dead front boxes equipped with covers?					
Are covers used?					
Have known underground/overhead utilities been identified and clearly marked?					
Power Tools					
Is good housekeeping practiced where power tools are in use?					
Are power tools and cords in good condition?					
Are power tools properly grounded or double insulated?					
Are mechanical ties and guards in use with power tools?					
Are power tools stored neatly when not in use?					
Are the right tools for the job being used?					
Ladders					
Are ladders inspected and in good condition?					
Are ladders properly secured to prevent slipping, sliding, or falling?					
Do side rails extend 36 inches above the top of the landing?					
Are rungs and cleats over 12 inches on center?					
Are stepladders fully open when in use?					

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Are metal ladders being used around electrical equipment?					
Are ladders maintained and properly stored?					
Are ladders painted?					
Scaffolding					
Is there a competent person on sight?					
Are all connections secure?					
Is scaffold tied into structure when it exceeds 4 times the base width of the scaffold?					
Are working areas free of debris, snow, grease, ice?					
Are workers protected from falling objects?					
Is the scaffold plumb and square with crossbracing?					
Are guard rails, intermediate rails, toe-boards, and end rails in place for scaffolds over 10 feet?					
Is scaffold equipment in good working order?					
If scaffold is illegal to climb, is proper notification attached?					
Have employees received training in proper scaffold use?					
Manholes and Confined Space Entry					
Has access and egress been provided?					
Has an entry permit been obtained?					

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Have hazards been properly identified?					
Is air monitoring equipment on site, appropriate, calibrated, and in use?					
Are areas being ventilated before entry and during occupation?					
Have attendant and rescue personnel been identified?					
Have entrant, attendant, and rescue personnel been identified?					
Is proper rescue equipment on site? Inspected?					
Is appropriate lighting provided?					
Motor Vehicles					
Have operators received training?					
Brakes, lights, horn, seat belts intact and functioning?					
Are personnel carried in a safe manner?					
Are backup lights or warning signal working?					
Are fire extinguishers carried, if appropriate?					
Excavations/Shoring					
Any excavation entry by RMT staff?					
Is the competent person overseeing the trenching excavation work on site?					
Is shoring appropriate?					

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Is access and egress provided for employees working in excavations of 4 feet or greater in depth?						
For excavation in which employees enter, are materials stored within 2 feet of the excavation?						
Is the excavation barricaded?						
If sloping and benching is used as the protective system for employees, have soils been classified						
Are excavations inspected daily?						
Are excavations over 20 feet in depth in which employees enter, designed by APE?						
<i>HSC Signature:</i>				<i>PM Signature:</i>		

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